



Mail: P.O. Box 130819 / Tyler, TX 75713  
 Street: 3535 Shiloh Road / Tyler, TX 75707  
 Tele.: 903-561-3000 / 800-442-8979  
 Fax: 903-561-7686 / 903-581-6671  
 Website: www.tylerbuilding.com

## Metal Building System Completion Checklist

Project Name: \_\_\_\_\_ Building Erector: \_\_\_\_\_  
 Location: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Structural	Approved	Corrective Action Needed
1. Installation of anchor rods, nuts and washers . . .	<input type="checkbox"/>	_____
2. Installation of columns / rafters . . . . .	<input type="checkbox"/>	_____
3. Base plates align with concrete . . . . .	<input type="checkbox"/>	_____
4. Installation of purlins / girts . . . . .	<input type="checkbox"/>	_____
5. Bolted connections . . . . .	<input type="checkbox"/>	_____
6. Installation of cables / rods . . . . .	<input type="checkbox"/>	_____
7. Installation of purlin / girt banding . . . . .	<input type="checkbox"/>	_____
8. Installation of flange braces . . . . .	<input type="checkbox"/>	_____
9. Condition of steel primer. . . . .	<input type="checkbox"/>	_____

Sheeting and Trim	Approved	Corrective Action Needed
10. Roof sheet alignment & lap . . . . .	<input type="checkbox"/>	_____
11. Roof sheet <i>fastener</i> type, alignment, installation	<input type="checkbox"/>	_____
12. Roof clean of debris . . . . .	<input type="checkbox"/>	_____
13. Wall sheet alignment & lap . . . . .	<input type="checkbox"/>	_____
14. Wall sheet <i>fastener</i> type, alignment, installation	<input type="checkbox"/>	_____
15. Wall sheets clean . . . . .	<input type="checkbox"/>	_____
16. Base of wall sheets elevated above concrete . . . .	<input type="checkbox"/>	_____
17. Trim installation, lap, fasteners, appearance . . . .	<input type="checkbox"/>	_____

Weather Proofing	Approved	Corrective Action Needed
18. Framed openings properly sealed / flashed . . . . .	<input type="checkbox"/>	_____
19. Roof penetrations properly sealed / flashed . . . .	<input type="checkbox"/>	_____
20. Flashing of tie-conditions . . . . .	<input type="checkbox"/>	_____
21. Inside of building free of light leaks . . . . .	<input type="checkbox"/>	_____

